

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

04-27-2006 90212 045 ***150.00

DOCUMENT # P97000014253																																																																																																					
1. Entity Name DOMUS II, INC.																																																																																																					
Principal Place of Business 8155 OMAHA CR. SPRING HILL, FL 34606			Mailing Address 6339 SEA RANCH DRIVE HUDSON, FL 34667																																																																																																		
2. Principal Place of Business 8155 Omaha Cr.		3. Mailing Address 8155 Omaha Cr.																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																			
City & State SPRING HILL FLA.		City & State Spring Hill Fla		4. FEI Number 59-3434677																																																																																																	
Zip 34606		Country HERNANDO		Zip 34686																																																																																																	
Country HERNANDO		Country Hernando																																																																																																			
6. Name and Address of Current Registered Agent DEFRANK, ROSE 8155 OMAHA CR. SPRING HILL, FL 34606			7. Name and Address of New Registered Agent Name: ROSE DEFRANK Street Address (P.O. Box Number is Not Acceptable): 8155 Omaha Cr. City: Spring Hill State: FL Zip Code: 34606																																																																																																		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>[Signature]</i> (NOTE: Registered Agent signature required when reappointing) DATE: April 25-06																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ROTE, CYRIEL G</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HUDSON, FL 34667</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>CYRIEL ROTE</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>OPIT HOF 68</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SCHERPENHEUYEN 3270</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>" "</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>" "</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>" "</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>" "</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>" "</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>" "</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>" "</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>" "</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>" "</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	ROTE, CYRIEL G		STREET ADDRESS			CITY - ST - ZIP	HUDSON, FL 34667		CITY - ST - ZIP			TITLE	CYRIEL ROTE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	OPIT HOF 68		STREET ADDRESS			CITY - ST - ZIP	SCHERPENHEUYEN 3270		CITY - ST - ZIP			TITLE	" "	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	" "		STREET ADDRESS			CITY - ST - ZIP	" "		CITY - ST - ZIP			TITLE	" "	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	" "		STREET ADDRESS			CITY - ST - ZIP	" "		CITY - ST - ZIP			TITLE	" "	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	" "		STREET ADDRESS			CITY - ST - ZIP	" "		CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <i>[Signature]</i> 127 DATE: April 25-06 271 3856																																																																																																					